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Bib Data Sheet

CONFIRMATION NO. 8291

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|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/825,183 | <b>FILING OR 371(c) DATE</b><br>04/16/2004<br><b>RULE</b> | <b>CLASS</b><br>340 | <b>GROUP ART UNIT</b><br>2612 | <b>ATTORNEY DOCKET NO.</b><br>P25150 |
|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *HA*

This application is a CON of PCT/FR02/03383 10/04/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *HA*

FRANCE 01/13410 10/18/2001

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/28/2004

\*\* SMALL ENTITY \*\*

|  |                                   |                            |                           |                                |
|--|-----------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>1 | <b>TOTAL CLAIMS</b><br>28 | <b>INDEPENDENT CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                            |                           |                                |
| Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature <i>[Initials]</i>   |                                   |                            |                           |                                |

## ADDRESS

7055

## TITLE

Method for determining and monitoring the ageing of the blood bags in blood transfusion units and healthcare units

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>565 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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